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May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000327 (3)**

1. Corporation Name

PROJECT DEAF INDEPENDENCE, INCORPORATED



Principal Place of Business

Mailing Address

**420 MAPLEWAY STREET
SAFETY HARBOR FL 34695**

**420 MAPLEWAY STREET
SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

EIN-59-3493700

Applied For

Not Applicable

2. Principal Place of Business

21 405A MAPLEWAY

2a. Mailing Address

26 P.O. BOX 823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SAFETY HARBOR, FL

City & State

28 SAFETY HARBOR, FL

Zip

24 34695

Country

25 USA

Zip

29 34695

Country

30 USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GRIFFIN, J. ROBERT
J ROBERT GRIFFIN & ASSOCIATES, P.A.
2559 SHILOH WAY
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME TRESH, JAMES
STREET ADDRESS 702 FIRST AVE, NORTH
CITY-ST-ZIP SAFETY HARBOR FL 34695**

TITLE ☐ DELETE

**D
NAME CORLETT, JENNIFER A
STREET ADDRESS 632 FAYETTE DR, SOUTH
CITY-ST-ZIP SAFETY HARBOR FL 34695**

TITLE ☐ DELETE

**D
NAME BLEVINS, ESTEL M
STREET ADDRESS 24 FRESHWATER DR.
CITY-ST-ZIP PALM HARBOR FL 34684**

TITLE ☐ DELETE

**D
NAME BLEVINS, MARY
STREET ADDRESS 24 FRESHWATER DR.
CITY-ST-ZIP PALM HARBOR FL 34684**

TITLE ☒ DELETE

**D
NAME COWLES, GENE
STREET ADDRESS 485 MAPLEWAY STREET
CITY-ST-ZIP SAFETY HARBOR FL 34695**

TITLE ☒ DELETE

**D
NAME COWLES, AMELIA
STREET ADDRESS 485 MAPLEWAY STREET
CITY-ST-ZIP SAFETY HARBOR FL 34695**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002518122

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*****70.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* JENNIFER A CORLETT 4/6/98 835

CR2E037 (10/97)